| AD-3030-FS                            |   |  | U.S. DEPARTMENT OF AGRICULTURE  |   |  |  |
|---------------------------------------|---|--|---|---|--|--|
|                                       |   |  |   | RDING FELONY CON<br>FOR CORPORATE   |  |  |
| Note:                                 | You only need to complete this form if you are a corporation. A corporation is any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.   |  |   |   |  |  |
|                                       | The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552(a), as amended). The authority for requesting the following information is sections 433 and 434 of the Consolidated Appropriations Act, 2012, P.L. 112-74, and subsequent similar provisions. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.  |  |   |   |  |  |
| •                                     | According to the Paperwork Reduction Act of 1985 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0025. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. |  |   |   |  |  |
| with the color                        |   |  |   |   |  |  |
| 1. APPI                               | LICANT'S NAME   | 2.   | APPLICANT'S ADDRI   | ESS (Including Zip Code)  |  | 3. TAX ID NO.<br>(Last 4 digits)   |
|                                       |   |  | ·   | •   |  |  |
| 4B. Ha<br>und<br>4C. Do<br>ren<br>the | as the Applicant been conviplication? YES Case any officer or agent of Ader Federal law in the 24 mores the Applicant have any medies have been exhausted authority responsible for case.   | ] NO  pplicant bee onths prece unpaid Fede I or have lap ollecting the | n convicted of a fo<br>ding the date of ap<br>eral tax liability that<br>osed, and that is no<br>e tax liability? | elony criminal violation plication? YES at has been assessed, for the paid in a time YES NO | on for actions ta<br>NO  Tor which all jud  Tymanner pursu | ken on behalf of Applicant<br>licial and administrative<br>nant to an agreement with |
| Provid<br>ineligil<br>USDA            | ble to enter into a contract,   | on is volunt<br>memorandu  | ary. However, fai<br>m of understandin  | lure to furnish the req<br>g, grant, loan, loan gu  | uested informat<br>arantee, or coo                         | ion will make the applicant<br>perative agreement with                               |
| PART E                                | 3 – SIGNATURE   |  |   |   |  |  |
| 5A. AP                                | PLICANT'S SIGNATURE (BY   | 5B. 5  | TITLE/RELATIONSH<br>BIGNING IN A REPF   | IIP OF THE INDIVIDUA<br>RESENTATIVE CAPACI  | L IF<br>TY   | 5C. DATE SIGNED (MM-DD-YYYY) .   |
|                                       | •   |  |   |   |  | ,  |

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